

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10/125498	Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
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48							98			
49							99			
50							100			
Total Indep	6						Total Indep			
Total Depend	34						Total Depend			
Total Claims	40						Total Claims			

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